

# Finalising the Family Preservation foundational elements

Working together to design a more effective and more responsive system for children, young people, and families.



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# Acknowledgement of Country

The Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this document.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Finalising the Family Preservation foundational elements

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# 1 Overview

The primary objective of Family Preservation is to keep children safe at home with their families, and prevent removal, placement in out-of-home care (OOHC), and future contact with the child protection system. Family Preservation also aims to support children, young people and families to achieve wider social benefits, including better educational attainment and improved health and wellbeing indicators.

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## Background and purpose

The Department of Communities and Justice (DCJ) has been working with the sector over the last two years to redesign the Family Preservation service system in NSW to improve the outcomes, experience, suitability, and accessibility for families who want to access and would benefit from working with a Family Preservation service. For Aboriginal children, young people, and families this also means increasing culturally safe, responsive, and community-led services that centre family-led decision making.

At its heart, this redesign seeks to make Family Preservation services more responsive to family needs, and more effective at supporting families to achieve outcomes.

We set out a vision for the Family Preservation system in the *Redesigning Family Preservation in NSW Discussion Paper*. We proposed several design elements – some which need to be determined now, and others next year or throughout the contract period.

This paper provides a summary of the submissions we received from stakeholders in response to the Discussion Paper and outlines the final foundational design elements required ahead of procurement. It synthesises the ideas and perspectives brought to the table by Aboriginal Community-Controlled Organisation (ACCO) service providers, non-ACCO service providers, DCJ central office, DCJ districts, peak bodies, other government departments, and other organisations.

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## Method of analysis

The Discussion Paper posed 40 questions on the proposed design and invited submissions from the sector via a structured online survey or open response. Submissions were open for six weeks (Thursday 4 April to Friday 17 May).

There was a total of 66 submissions received. Stakeholders were grouped into seven categories: ACCO service providers, non-ACCO service providers, DCJ central office, DCJ districts, peak bodies, other government departments, and other organisations.

Survey responses were exported into a dataset, and individual responses that were not structured around the Discussion Paper questions were added to relevant fields of the dataset to allow for complete and comparative analysis. Duplicate responses were identified and removed.

All responses were analysed with respect to a specific set of questions. Several methods were used as appropriate to the structure of each question. Basic sentiment analysis was used for some questions to determine the level of agreement or disagreement with proposals; content analysis was used to capture the frequency of particular concepts/sentiments across responses; and thematic analysis was used to identify major themes and nuances of stakeholder perspectives.

Summaries of feedback for each question were prepared, paying particular attention to responses from stakeholders who represent the largest parts of the sector (peak bodies and DCJ districts). The summaries were then synthesised.

## 66 submissions

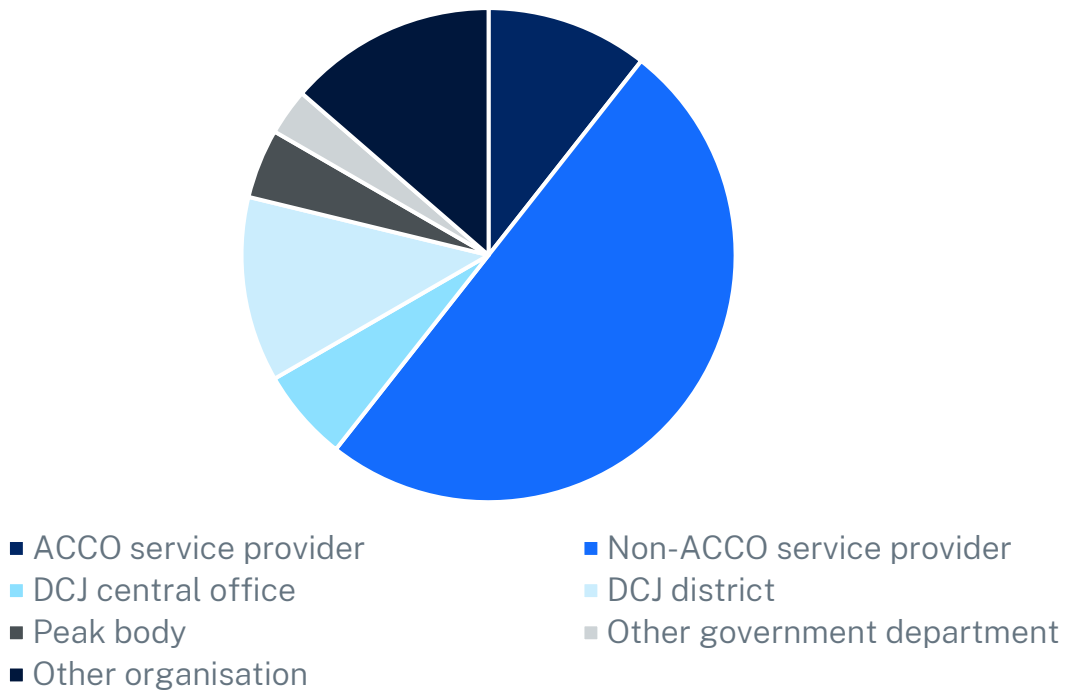


Figure 1: Pie chart of submissions made to Redesigning Family Preservation in NSW Discussion Paper.

\* A joint response was received from DCJ's Child Protection and Permanency Directors (CPPD) Forum and Commissioning and Planning Forum (CAPF). All three peaks held round tables with their members.

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## Key insights into the sector

We gained some key insights into the sector to help shape design, communication, and implementation plans.

**Enthusiastic but anxious:** The sector is highly motivated but is keen that DCJ has deliverable expectations as to the scale and pace of change.

**Fragmented perceptions:** All partners interpreted the same proposals materially differently depending on their role in the system (commissioner vs provider), organisation type (government vs NGO vs ACCO), program type (e.g. Brighter Futures, PSP), exposure to other reforms (e.g. OOHC, DFV, NDIS), geography and longevity.

**Early intervention or prevention:** Most stakeholders were concerned that proposals were directing, or redirecting, DCJ spend to the “pointy” end of the system – contradicting the messaging that government should redirect investment to early intervention.

**DCJ operational pressures:** While many stakeholders agreed with the intention and rationale of some proposals, all stakeholders were concerned that DCJ does not have operational capacity to implement these.

**Sufficient funding:** While the Discussion Paper did not cover funding, service providers expressed concern that DCJ was underestimating the level of service, and therefore level of funding needed for clients. They also expressed a need for implementation to be sufficiently funded.

We also gained a thorough understanding of the level of consensus and the feasibility of each of the proposed design elements. We grouped the sentiments for each element into three categories:



### **Happily compromise and explore**

- Family Preservation guiding principles
- Requiring DCJ caseworkers to complete a Family Action Plan for Change (FAPC) prior to referral
- *Families Together* service duration and allocated hours
- *Aboriginal Family Preservation* core components
- *Aboriginal Family Preservation* service duration and allocated hours.



### **Keep and refine**

- Family Preservation eligibility
- Family Preservation referral pathways and prioritisation
- Proposed suite of Family Preservation
- *Families Together* core components.



### **Further work and collaboration required**

- Family Preservation suitability
- Requiring DCJ to keep allocated cases open for up to three months following referral.

## 2 Final foundational design elements

### Happily compromise and explore

#### Family Preservation guiding principles



##### Introducing guiding principles to underpin our vision for the future

Based on extensive engagement with DCJ staff and service providers, we proposed eight guiding principles for Family Preservation. These principles were developed to underpin the new design and continual system improvement of Family Preservation, over time. We recognise that self-determination is critical for Aboriginal families and communities, and as such runs through all the proposed guiding principles.



##### The sector was supportive of most of the proposed guiding principles, however some amendments or additional principles were recommended

The sector was supportive of most of the proposed guiding principles. There was particularly strong support for the inclusion of 'Evidence-based', 'Culturally safe and responsive', and 'Transparent, fair, and accountable'.

Much of the sector advocated for a guiding principle centred around upholding a family's dignity, building on their strengths, and resilience.

Many stakeholders said that the importance of communities should be recognised, as families exist within a broader community that provides crucial strengths and support networks. Others also advocated for a greater focus on the voices of children, young people, and families.

"AbSec see the value in evidence-based approaches and particularly in building the evidence for Aboriginal Family Preservation. AbSec sees a commitment to investment of evaluation as a crucial part to upholding Principle One ["Evidence-based"]. – AbSec

"The service system must... accept a foundational responsibility to cultivate practices that prioritise dignity, cultural humility and self-determination, by understanding people's contexts and building upon their innate strength, abilities and resilience" – Fams

"Stakeholders were strongly supportive of principle four, that the Family Preservation system should be culturally safe and responsive' – ACWA



##### Happily compromise: we will make some changes to our guiding principles

We will make small changes to some of the proposed guiding principles. We will also include an additional guiding principle titled 'Strengths-based and dignity driven'.

The amended guiding principles are:

1. **Child and family-centred:** The experience, strengths, and needs of children and families must drive services. Families can exercise agency about what they want to achieve and how, and the voices of children, young people and

families guide service delivery. The crucial importance of families being supported within their connections to community is recognised.

2. **Culturally safe and responsive:** Recognising and responding to the diverse cultural backgrounds of families, ensuring services are safe, respectful, inclusive, and responsive to individual differences. For Aboriginal families, this means embedding the voices and experience of Aboriginal children, young people, families, and communities in decision making.
3. **Transparent, fair, and accountable:** Families have full, consistent, and accurate information at all points of their journey. Families provide their informed consent. They are fully aware of their rights and feel comfortable and safe to express concerns and seek a fair resolution. For Aboriginal families, DCJ and service providers engage in community accountability mechanisms.
4. **Strengths-based and dignity-driven:** The pervasive and ongoing effects of interpersonal and systemic violence on families and communities are recognised. Upholding dignity and self-determination is prioritised, by understanding families' contexts and building upon their innate strengths, abilities, and resilience.
5. **Evidence-informed:** Understanding and building the evidence of Family Preservation to understand what works for different families, and using this evidence to deliver more targeted, effective services. For Aboriginal communities, this also means embedding the principles of Indigenous Data Sovereignty and Indigenous Data Governance in Family Preservation.
6. **Simple and easy to understand:** Simplifying the service system for families and enabling DCJ and service providers to spend more time supporting children, young people, and families, and less time navigating complex processes.
7. **Collaborative with all stakeholders:** Harnessing the collective experience and capabilities of families and the expertise, dedication, and shared passion of DCJ staff and service providers to ensure a coordinated and cohesive approach to service delivery for children, young people, and families.
8. **Structured, flexible, and supportive:** System design strikes the right balance between structure and flexibility, so families receive a service that is both consistent and tailored. For ACCOs, this is driven by the principles of self-determination. Service providers are supported to deliver effective services through an active approach to implementation.
9. **Value for money:** Striking the right balance between efficient and effective services that use public money prudently to achieve outcomes for children, young people, families, and communities.



### Next steps

- No next steps required at this stage.



# Requiring DCJ caseworkers to complete a FAPC prior to referral



## We want to enhance information quality and sharing

We know information at the point of referral is often incomplete or inaccurate, leaving families confused about DCJ's concerns and service providers unclear on the reason for the referral, the level of assessed risk, and the expected outcomes. We proposed requiring DCJ allocated caseworkers to complete a face-to-face assessment and a FAPC to gather complete, accurate information before making a referral. We also explored whether service providers should be involved in the development of a FAPC.



## The sector agreed it would significantly compound DCJ's current operational pressures

The sector acknowledged that while a complete FAPC would improve the quality of referrals, the time required would place significant pressure on DCJ caseworkers. Referrals would take longer, increasing referral delays, vacancy rates, and the capacity for DCJ caseworkers to accept new allocated cases. The sector has fragmented perceptions of the FAPC (DCJ case plan, sometimes included in referrals). Some parts of the sector, including DCJ, may have been referring to service provider case plans, which are often informed by the FAPC, or other key information provided by DCJ.

“The sector recognises the benefits of integrating FAPC with referrals as an effective strategy for family engagement, especially if the plan is tied to brokerage to implement the plan upon referral. However, there is concern regarding DCJ's capacity.” - Fams

“Service providers should be involved in the development of the FAPC to foster buy-in and accountability. Their participation is crucial for meaningful engagement and effective support of the process. [they] require comprehensive information” – DCJ districts

“ACWA stakeholders emphasised that Family Action Plans need to be negotiated with families to be successful, and this is an important part of goal setting and engagement between the family and service” – ACWA



## Happily compromise: we will walk away from this proposal

We will not link the FAPC to allocated referrals. Service providers will not be involved in how DCJ makes referrals, however DCJ will need to provide a minimum level of information via the referral form.



## Next steps

- DCJ will review the minimum level of information required at each referral point that provides service providers and families with a clear understanding of the child protection concerns, their potential impact, and the changes needed.
- DCJ will explore with the sector introducing a standard Family Preservation Case Plan.
- DCJ will work with the sector to understand, promote, and embed best practice case planning with families, and as appropriate with other services.

## Families Together service duration and allocated hours



### **We want service providers to easily increase or decrease service intensity**

We proposed 200 hours of service per family over 12-months, delivered with different levels of intensity throughout the year to suits the needs, characteristics, and circumstances of the family. For example, a higher number of hours may be required at the start of a service and a lower number of hours may be required towards the end of a service.



### **The sector was not supportive of allocating 200 hours per family**

Peaks and non-ACCO service providers had mixed feelings about a 12-month service duration – some were supportive, and others said it should be longer or flexible. Overall, the non-ACCO sector said 200 hours per family is insufficient to support families, especially larger families. There was also some anxiety that DCJ's payment mechanisms would be strictly linked to hours of delivery (e.g. similar to NDIS).

“The sector does not believe the proposed 200 hours would adequately cover service provision for the reasons provided below, and that contracting based on hours will have unintended negative consequences.” - Fams

“ACWA stakeholders shared strong views that a standard of 200 hours of service over 12-months was problematic and there should be a greater focus on achievement of family outcomes. The proposed weekly hours are not reflective of the considerable time needed to address the complex needs of families where there is significant risk of harm” – ACWA



### **Happily compromise: We will keep 12-month service duration but walk away from allocated hours**

We will keep a 12-month service duration for the *Families Together* framework, but we will develop a mechanism for extending service duration. We will walk away from allocating 200 hours per family and instead introduce block funding with contracts that specify the number of families that non-ACCOs will be required to support each year. We will also allow large families to occupy two places.



### **Next steps**

- DCJ will develop a simple mechanism to approve extended service duration for families who need more time.
- DCJ will develop guidelines to allow large families to occupy two places to ensure the right support and resources are provided.

## Aboriginal Family Preservation core components



### Clearing the way for ACCOs to take the lead

The *Aboriginal Family Preservation framework* recognises ACCOs' authority to take the lead in developing Family Preservation services that are community-led, self-determined, and culturally safe. The framework includes the same five standard core components as the *Families Together framework*, and ACCOs will co-design additional core components that recognise the vital role of identity, culture, and community accountability held by ACCOs.



### AbSec and ACCOs are supportive but want core components to be iterative and responsive

While AbSec and ACCOs who made submissions agreed in principle with the core components approach, they said it's been developed with little evidence from Aboriginal models. They proposed the core components and service activities act as an iterative guide that can evolve as culturally appropriate evidence grows. AbSec said therapeutic healing and cultural healing need to be separated. They also said multilayered advocacy is a cornerstone of successful Aboriginal Family Preservation and is required to address systemic racism across all of government.

AbSec and DCJ held additional consultations with ACCO CEOs and leaders to discuss the feedback and reach a consensus on how to proceed. It was determined that Healing should be separated from the Therapeutic support core component, and that Advocacy and Healing should be included as additional core components that should be co-designed by ACCOs.

“AbSec and all stakeholders strongly support an additional core component and had widespread discussion” – AbSec

“We can certainly envisage developing an Aboriginal Family Preservation model with community using these core components, and service activities” – ACCO service provider

“We see safeguarding Culturally responsive service delivery for Aboriginal people as a step forward in ensuring Aboriginal led and community accountable programs are available for families, children, and communities.” – ACCO service provider

“A model can be made culturally safe and meeting the need of families based on the core components and service activities. Keeping the service delivery broad and flexible will allow for tailoring the specific family's needs.” – ACCO service provider



### Happily compromise and introduce two additional core components

We will decouple Healing from the Therapeutic support core component. We will support ACCOs delivering Family Preservation to co-design a Healing core component and an Advocacy core component.



### Next steps

- DCJ will work with AbSec to scope and develop the Implementation Strategy for the Aboriginal Family Preservation framework, including identified resourcing and co-design requirements.

## Aboriginal Family Preservation service duration and allocated hours



### **We did not propose a service duration or allocated hours for *Aboriginal Family Preservation***

While we did not propose a service duration or allocated hours for the *Aboriginal Family Preservation* framework, it was clear that many ACCO respondents used those proposed in the *Families Together* framework (12 months and 200 hours) as a baseline for their responses.



### **AbSec and ACCOs strongly advocated for a longer service duration**

AbSec said a 12-month duration with 200 hours per family was not reflective of how ACCOs work with Aboriginal families. ACCOs who made submissions said 12 months seemed reasonable, while others said service duration should be up to two years or should be driven by milestones. There was some appetite for a minimum number of hours, but a cap was not supported.

AbSec and DCJ held additional consultations with ACCO CEOs and leaders to discuss the feedback and reach a consensus on how to proceed – it was determined that DCJ could contract ACCOs to have a defined number of places for families within a 12-month period. A consensus was also reached to allow large families to occupy two places.

“We can certainly envisage developing an Aboriginal Family Preservation model with community using these core components, and service activities” – ACCO service provider

“We see safeguarding Culturally responsive service delivery for Aboriginal people as a step forward in ensuring Aboriginal led and community accountable programs are available for families, children, and communities.” – ACCO service provider

“A model can be made culturally safe and meeting the need of families based on the core components and service activities. Keeping the service delivery broad and flexible will allow for tailoring the specific family’s needs.” – ACCO service provider



### **Happily compromise: We will not introduce a service duration for the *Aboriginal Family Preservation* framework**

We will introduce block funding with contracts that specify the number of places that ACCOs can use to confidently support families each year.

We will not introduce a service duration under the *Aboriginal Family Preservation* framework as a starting point. Instead, ACCOs can collect data through infoShare and refine service duration as culturally sound evidence builds as part of codesigning Family Preservation models with their communities.

We will also allow large families to occupy two places.

Additionally, there will be contract review points to adjust the service duration or the number of supported families based on culturally sound evidence gathered throughout the life of the contract.



## Next steps

- DCJ will outline the number of places expected to be provided by ACCOs each year.
- DCJ will support ACCOs to capture data through infoShare to inform codesign with communities to refine service duration.
- DCJ will develop guidelines to allow large families to occupy two places to ensure the right support and resources are provided.

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# Keep and refine

## Family Preservation eligibility



### Streamlining and better targeting of a finite resource

Family Preservation is a highly rationed service. We know there are more families who want, need, and would benefit from this service than there are currently places available. We proposed simplifying eligibility across Family Preservation and slightly narrowing to families with children suspected to be at Risk of Significant Harm (ROSH) to better target a finite resource.



### The sector strongly opposed narrowing eligibility to families with children suspected to be at ROSH only

Peaks and service providers were supportive of adopting a universal eligibility criterion for Family Preservation but were strongly opposed to narrowing eligibility to families with children suspected to be at ROSH only. While stakeholders recognised that families could access community referrals, they said the requirement for those referrals to be made by a mandatory reporter and in parallel to a ROSH report signifies a loss of investment in earlier supports, and would discourage families from seeking help, and encourage perverse “report to get support” behaviour.

AbSec and ACCOs said the proposed eligibility would undermine Aboriginal self-determination, threaten the reputation of ACCOs in community for having to “report to get support”, and would signify a loss of investment in earlier supports. They said Aboriginal children, young people, and families should be able to access support as early as possible and without coming into contact with DCJ. They said current DCJ referral processes often filter out families known to ACCOs who would benefit from Family Preservation level supports.

“AbSec will not support in any way the proposed eligibility criteria and ask that it instead reflects culturally safe practice and be broadened to include referrals outside of ROSH. Stakeholders agreed strongly that current proposed eligibility criteria will put Aboriginal Families unnecessarily at risk.” – AbSec

“Requiring a ROSH report for a community referral is seen as a hurdle to engaging with services and will likely escalate reporting figures. Family Connect and Support deals with exceptionally high-risk families who are not suitable for TEI and can’t access Family Preservation. There is apprehension that failing to increase the proportion of community referrals [or requiring ROSH] could leave these families without adequate support avenues.” – Fams



### **Keep and refine: we will keep eligibility to families with children and young people suspected to be at ROSH only**

The objective of Family Preservation is to prevent the removal of children and young people from their home and families. By definition, families who require Family Preservation must meet the ROSH threshold, or the system will risk prioritising lower-needs families at the expense of those in imminent need.

ROSH-only eligibility is important because it correctly prioritises children and young people identified at greater risk, which is an appropriate prioritisation of resources in circumstances where Family Preservation remains the most resource-intensive program for families at risk of removal.

Family Preservation is a high intensity service for families with a child or children most at risk of entering OOHC and is not designed to provide early intervention support.

Significant reforms in child protection policy and practice are also underway, so it is important to retain available resources for families at greatest risk of entering OOHC.

Therefore, families who are eligible for Family Preservation are:

*Families with a child or young person in the home who is 0- 17 who is suspected to be at, or determined to be at, risk of significant harm (ROSH) using the same definition of that provided by s 23 of the Children and Young Persons (Care and Protection) Act 1998 (the Care Act).*



### **Next steps**

- DCJ will collaborate with the sector to develop Community Referral Guidelines detailing the types of families suitable for Family Preservation.
- DCJ will develop a Community Referral Form that captures:
  - The source of the referral (i.e. a self-referral or a community organisation)
  - A family’s consent (with the understanding that their data will be available to DCJ as the commissioner of the service).



## Family Preservation referral pathways and prioritisation



### **Prioritising families we are most confident would benefit from Family Preservation**

Family Preservation is a highly rationed service. We know there are more families who want, need, and would benefit from this service than there are currently places available. We proposed a notional prioritisation guide to be DCJ allocation (60 per cent), DCJ triage (30 per cent), and community referrals (10 per cent). We proposed only allowing mandatory reporters to make referrals.



### **The sector communicated that this proposal did not strike the right balance**

The sector interpreted the proposal as rigid and fixed, rather than a guide, and called for more flexibility and collaboration. The sector agreed that community referrals should be increased to support timely access to services and reduce the operational pressures on DCJ. AbSec said the split is not in keeping with self-determination principles and could further harm Aboriginal communities caused by the child protection system. Most of the sector advocated to allow for all people to make referrals, not just mandatory reporters.

“The high proportion of DCJ referrals limits the flexibility of service providers and shifts family preservation away from earlier intervention. We encourage the Department to consider the power imbalance and consider a more collaborative approach to prioritisation.” – AbSec

“The sector supports the prioritisation of the most at-risk families for referral. However, the current pressures on DCJ have resulted in lengthy waitlists for community referrals while DCJ referral positions remain unfilled.” – Fams

“It is recommended to increase the percentage of community referrals and merge the internal referral pathways within DCJ” – DCJ districts

“The prioritisation approach may result in families having a delay in accessing services. It perpetuates a perverse incentive for families to be reported at ROSH so they can access services” - ACWA



### **Keep and refine: we will keep community referral amounts and merge DCJ referrals**

We will keep community referrals at 10 per cent across NSW and merge DCJ triage and allocated referrals (90 per cent). This means that DCJ, as the entire system steward, will have the best possible opportunity to arrange intensive support for children who are at ROSH from both triage and off an allocated case.

This acknowledges that Family Preservation is the most intensive service available to families who might otherwise enter OOHC and ensures DCJ is able to rely on and utilise system capacity to prevent imminent removals.

In good faith, we will also explore approaches to trial higher rates of community referrals in a small number of locations to build an evidence base and better understand whether an increased proportion of community referrals reduces the number of children and young people entering OOHC.

In response to feedback, we will also allow community referrals to be made by anyone, including families (i.e. self-referral), and not just mandatory reporters.

DCJ will refer families to a Family Preservation service if they are at ROSH. Community referrers will be able to refer families with children and young people who meet the Mandatory Reporter Guide (MRG) and who are required to be reported to DCJ.



### Next steps

- DCJ will collect data, and analyses on referral pathways through the commissioning cycle.
- DCJ will develop referrals prioritisation guidelines that will outline a notional figure to be included in Service Provision Guidelines. Services providers will be able to accept community referrals if they have places available, but we expect the ballpark figure to be averaged over a period of time.
- DCJ will develop a mechanism by which districts and service providers can request a shift in notional prioritisation percentages with the Program team.
- DCJ will explore options for trialling higher rates of community referrals.

## Proposed suite of Family Preservation



### We want to build a responsive and effective service system

We proposed retaining Nabu, Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) and Functional Family Therapy - Child Welfare (FFT-CW) and introducing the *Families Together* framework and *Aboriginal Family Preservation* frameworks (to be exclusively delivered by ACCOs). This means we would no longer be commissioning PSP-FP, IFP, IFBS, Brighter Futures (including SafeCare), Youth Hope, and Resilient Families.

The proposed suite provides a complementary mix of efficacy, flexibility, and responsiveness as we further build the evidence of what works and for whom.



### The sector was supportive overall, but it does have some reservations

The sector highlighted the resourcing and implementation challenges of delivering MST-CAN and FFT-CW. AbSec also raised the lack of culturally sound evidence that these models work for Aboriginal families. There is enthusiasm for the frameworks, but the sector has strongly advocated for appropriate implementation and a commitment to evidence-informed approaches and scaffolding. Some parts of the sector want to retain SafeCare and Voice and Choices.

“While we are generally supportive of the central aspects of reform [...] we think it is important to consistently align the overall strategy with evidence about effective Family Preservation interventions.” – ACWA

“We’re excited to see place-based solutions supported by the AFP framework. We strongly advocate for the dissolution of MST-CAN and FFT-CW – there is no culturally appropriate evidence, and it safeguards therapeutic funding [for non-ACCOs].” – AbSec



“The sector commends many aspects of the proposed suite of service options. The frameworks will enable services to develop and execute [...]. There are divided opinions regarding the value of continuing MST-CAN and FFT-CW”. – Fams



### **Keep and refine: we will keep the proposed suite**

We will keep the proposed suite, give further thought to SafeCare and Voices and Choices, and develop communications on the retention of MST-CAN and FFT-CW.



### **Next steps**

- DCJ will conduct further analysis to assess the effectiveness and economic viability of SafeCare.
- DCJ will outline and communicate the implementation approach and infrastructure that covers practice, workforce development, monitoring, and evaluation.
- DCJ will establish a Family Preservation Professional Practice Working Group in 2025, which will consider Voices and Choices among evidence-based practice approaches.
- AbSec will scope an Aboriginal Cultural Safety Framework for ACCO and non-ACCO service providers.
- DCJ will scope the development of a Culturally and Linguistically Diverse Cultural Safety Framework.
- DCJ will establish Communities of Practice following procurement and as service providers settle from the immediate transition to the new program design.
- DCJ will work with our internal Closing the Gap Priority Reform on Data team and AbSec to understand how Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov) principles can be embedded across the service system, including within the evaluation of MST-CAN and FFT-CW through the commissioning cycle.

## **Families Together core components**



### **Providing a balance between flexibility and consistency**

Families Together, made up of five standard core components, each with a menu of evidence-informed service activities, enables non-ACCO service providers to deliver responsive supports tailored to a family’s needs and circumstances. We proposed the following five core components: Engagement, Case Management, Therapeutic Support and Healing, Family and Parent Support, and Child-Focused Support. We also proposed that some service activities will be required for all families and for all service providers, while other activities will be optional.



### **The sector was overall supportive, but want more information and strong implementation**

Service providers said they are confident they can develop Family Preservation models using the proposed core components but called on DCJ to provide more information and develop and invest in a collaborative implementation strategy. There are challenges to accessing and/or delivering therapeutic support due to limited capacity and capability in-house and/or significant referral delays to other specialist services. AbSec said Therapeutic Support and Healing are fundamentally different

things in the context of the ongoing impacts of colonisation, and as such healing supports should only be delivered by ACCOs.

“Families Together has potential to streamline the current array of services and reduce confusion for CSCs who are trying to find the right service for families. Currently, there are different types of service models (and intensity) across the system and this inconsistency is not ideal for families” – ACWA

“The frameworks will enable responsive services align with local community needs. The flexibility will permit the adjustment of service intensity according to the needs of families, alleviating pressure on families and reducing the need for formal reporting to” – Fams

“The introduction of a core components framework represents a significant step towards promoting flexibility, responsiveness, and accessibility within the Family Preservation sector” – Non-ACCO service provider



### **Keep and refine: we will keep the proposed core components with a small tweak**

We will keep the proposed five core components and decouple ‘Therapeutic Support and Healing’. We will work with ACCOs to co-design a ‘Healing’ core component within the *Aboriginal Family Preservation* framework, to be delivered by ACCOs only.



### **Next steps**

- DCJ will continue to consult on the evidence-informed required service activities within the core components.
- DCJ will communicate a longer-term plan for making evidence-informed improvements to Family Preservation over the commissioning cycle.
- DCJ will communicate the implementation approach and infrastructure that covers practice frameworks, workforce development, monitoring and evaluation.

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# Further work and collaboration required

## Family Preservation suitability



### **We want to move to a system that is driven by suitability and not purely availability**

We know the current system relies on blunt tools and rigid eligibility, which results in families receiving a mismatched service or no service at all. We proposed introducing suitability guidance to support referrers to better match a family with the right service at the right time. We want to ensure families are referred to services that match their needs, strengths, characteristics, and circumstances.



### **The sector supports the concept but are sceptical**

The sector was somewhat supportive of the concept of suitability guidance but there is scepticism about its development, and more specifically its application. Readiness for change was widely considered to be an important factor, but it is a complex and nuanced area and must be treated as such. Other factors include referrers' racial bias, the family's strengths, needs, and characteristics, the child/ren's age, and disability support requirements. AbSec flagged a significant lack of confidence in DCJ successfully developing and implementing a culturally safe guide based on historical failures. They said a guide would need to be co-designed.

“Readiness for change is considered a pivotal factor in determining the suitability of families. Families demonstrating a high level of readiness, motivation and engagement are often considered ideal candidates for referral into Family Preservation.” – Fams

“There is a significant lack of confidence in DCJ practice ensuring success of the proposed suitability. We suggest a more collaborative approach to assessing suitability, such as joint home visits that occurs within the IFBS model.” – AbSec

“ACWA stakeholders were generally open to a move from eligibility towards assessing families' suitability for Family Preservation, but had strong concerns about the complexity of suitability assessment and possible system impacts.” - ACWA



### **Further work required: suitability is nuanced, complex, and requires consideration**

Further work is required to consider the complexity, nuance, and operational realities of introducing suitability guidance. We will develop high-level guidance for referrers while we consider the best way forward.



### **Next steps**

- DCJ will develop high level guidance outlining suitability as we currently understand it (e.g. clinical therapeutic (MST, FFT) vs responsive case management (frameworks) or ACCO vs non-ACCO).

- DCJ will communicate limited circumstances in which a family would be unsuitable/ineligible for Family Preservation. This may be due to efficacy concerns or where wider legal proceedings would be undermined by service delivery.
- DCJ will establish a sector Family Preservation Suitability Working Group following procurement to:
  - Develop a suitability study and conduct consultation and analysis to inform suitability and eligibility where appropriate.
  - Develop a longer-term solution for referrers and service providers to understand if Family Preservation is suitable for a family and which model or framework is the best fit.
  - Consider the evidence, as it evolves, on what works and for whom and how it can be considered at review points through the next commissioning cycle.

## Keeping allocated cases open for up to three months



### We want to strengthen collaboration to improve family engagement

We have limited understanding on the effectiveness of engagement once a family has been referred to a Family Preservation service. However, anecdotal evidence suggests that initial engagement is poor and may be driven by lack of transparency, insufficient information, poor practice, or not understanding a family’s motivation. We proposed keeping allocated cases open for up to three months to facilitate better collaboration, information sharing, transparency, and risk management between DCJ and service providers.



### The sector was divided: DCJ districts strongly disagreed, service providers were supportive

The sector has significant concerns that this proposal may place further strain on DCJ operational pressures, including practitioner caseloads, referral bottlenecks, vacancy rates, and the capacity to allocate new families from triage. However, peaks and service providers agreed that keeping DCJ allocated cases open could improve family engagement and foster collaboration, information sharing, and risk management between DCJ and service providers. Conversely, DCJ districts said there were “significant issues with the practice of [the proposal] to keep cases open for three months solely based on perceived risk. There was broad agreement that clear roles and responsibilities are needed for this proposal to succeed.

“Keeping cases open for up to three months has the potential to enhance service providers’ engagement with families, but there are concerns to address. It might increase stigma and hinder genuine engagement by impacting the family’s sense of autonomy, choice and agency.” – Fams

“Stakeholders felt the proposal to keep cases open for three months was acceptable, their concerns were more focused on DCJ’s ability to allocate and keep case open.” - AbSec

“There’s a significant issue with the practice of keeping cases open for three months solely based on perceived risk, without any action taken. There is a need to explore the unintended consequences [...] within operational pressures”- DCJ districts



## Further work required: balancing improved engagement with operational realities

Further work is required to consider the complexity, nuance, and operational realities of keeping referrals from allocated cases open for up to three months. We will work closely with the sector to understand consensus and feasibility of solving or improving a family's engagement in Family Preservation services.



### Next steps

- DCJ will establish a Family Preservation Engagement Working Group to:
  - Scope a workplan
  - Undertake analyses of resources required in districts
  - Explore a risk management mechanism that provides an alternative to making re-reports to the Helpline
  - Undertake analyses to understand the potential reduction in re-reports to the Helpline
  - Develop options that may include keeping allocated cases open for up to three months.

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## 3 Appendices

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- 3.1 Appendix A - Redesigning Family Preservation in NSW – Discussion Paper
- 3.2 Appendix B - Aboriginal Family Preservation What We Heard
- 3.3 Appendix C - Family Preservation What We Heard

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